The Influence of Patient Conditions and Health Service Providers on Patient Experience at Primaya Inco Sorowako

ABSTRACT
BACKGROUND: Patient experience is a key indicator for assessing hospital service quality. Although Primaya Inco Sorowako Hospital has achieved an A-level accreditation with a patient satisfaction rate above 90%, several complaints persist regarding long waiting times, unclear explanations from staff, and complicated administrative procedures. These issues indicate the need to evaluate factors influencing patient experience.
AIMS: To analyze the influence of patient conditions and healthcare service providers on patient experience at Primaya Inco Sorowako Hospital, both directly and through the mediation of healthcare service providers
METHODS: Employed a quantitative approach with a cross-sectional design. The population consisted of 3,771 outpatients, and a total of 349 respondents were selected using a proportional stratified random sampling technique. Data were collected using a closed-ended questionnaire with a 4-point Likert scale and analyzed using univariate, bivariate, and multivariate methods
RESULTS: The findings revealed that patient conditions and healthcare service providers significantly affect patient experience. The most influential factors were healthcare responsiveness and quality, emphasizing the importance of timeliness, effective communication, and provider attentiveness to patient needs
CONCLUSION: The Lived Experience of Illness variable has a significant negative effect on Patient Experience, The Subjective Influences variable has a significant positive effect on Patient Experience, The Politics of Healthcare variable has a significant positive effect on Patient Experience, The Quality of Healthcare variable has a significant negative effect on Patient Experience and The Responsiveness of Healthcare variable has the most dominant positive effect on Patient Experience.

KEYWORDS: Patient conditions, Healthcare Providers, Patient Experience, Service Quality, Hospital Management.

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Introduction

Hospitals can be categorized as a form of service because, as explained by Kotler, 2008 (1), a service is any activity or performance offered by one party to another, which is essentially intangible and does not result in a transfer of ownership. The provision process can be related or unrelated to a physical product. As a healthcare industry, hospitals have socio-economic characteristics, where their implementation is not only oriented towards social values, but must also consider economic principles in their operations. Competition between hospitals in Indonesia has increased since the implementation of the National Social Security System (SJSN), which allows all hospitals, both government-owned and private, to act as service providers for participants of the Social Security Administering Body (BPJS). This condition results in both types of hospitals having the same market segment (2).

Furthermore, the healthcare sector is currently influenced by the rapidly growing tide of globalization. Globalization brings changes in people's lifestyles, including preferences, lifestyles, and choices regarding healthcare services. Along with improving economic conditions and public health, the demand for quality hospital services continues to rise (3). Approaches to healthcare quality can be viewed from various perspectives, including those of healthcare providers, funders, healthcare facility owners, and patients. Among these four perspectives, the patient's perspective is crucial because it provides a direct overview of patients' perceptions, experiences, and levels of satisfaction with the services they receive. Understanding the patient's perspective is the basis for hospitals to undertake continuous improvement, so improving healthcare quality must be done consistently and adaptively to changing community needs (4).

Quality healthcare is care that meets patient expectations and needs. The concept of service quality encompasses various aspects such as infrastructure availability, medical personnel competence, efficiency of clinical and administrative service processes, patient safety, trust in healthcare facilities, and ease of access to services (5). Meanwhile, service quality can also be evaluated from various perspectives, including service providers, funders, facility owners, and patients (6). Measuring patient experience in hospitals plays a crucial role in objectively and reliably assessing the extent to which services reflect patient values and needs. These measurements help hospitals, policymakers, and stakeholders understand variations in patient experiences across institutions and how structural factors influence these experiences. In the UK, the National Health Service (NHS) has mandated patient experience measurement as part of its service quality evaluation. This data is used to identify strengths and weaknesses in the care system, support quality improvement efforts, inform decision-makers, and expand patient choice. In addition to assessing safety and clinical efficacy, service providers are also evaluated based on humanistic dimensions, such as respect for patient dignity, empathy, and patient involvement in the decision-making process (7).

Another indicator for assessing hospital quality can be seen through hospital accreditation results. The Indonesian Ministry of Health requires all hospitals to undergo an accreditation process with the aim of improving the quality of healthcare services nationally. Inco Sorowako Hospital is one of the hospitals that has received national accreditation from the Hospital Accreditation Commission (KARS) with a Plenary rating in 2023. This achievement demonstrates that all aspects of service, from facilities and infrastructure to patient care procedures, have met government-set quality standards (8).

Based on data, the number of patient complaints at Inco Sorowako Hospital remains high compared to RSUD I Lagaligo, a competitor hospital, with a total of 149 complaints in the last three years (2022-2024). Based on the 2024 complaint data from Inco Sorowako Hospital, the most common complaints were long waiting times, staff explanations that were incomprehensible to patients, and administrative procedures that were difficult for patients to understand. Complaints are an expression of dissatisfaction with the service provided. Complaints should be used as an indicator in assessing organizational performance. Hospitals, as organizations, need to consider the complaints they receive, despite their efforts to provide the best possible service (9). The complaint data indicates that the majority of patients filing complaints are employees or insurance company employees. Hospital complaints represent dissatisfaction expressed by patients, their families, or visitors with the service they receive. If complaints are not handled effectively, they can decrease customer satisfaction and impact the hospital's reputation. Consequently, this can lead to a decrease in patient numbers and revenue. If this condition occurs in the long term, it has the potential to threaten the sustainability of hospital operations (10).

Healthcare is a primary and fundamental need for everyone. Therefore, every hospital has a

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responsibility to provide healthcare services that meet the needs of the community (11). Patient satisfaction is highly subjective, difficult to measure, and subject to change, with numerous interrelated factors spanning many dimensions of human life. This subjectivity can diminish and even become objective if there are enough shared opinions on a particular issue. Patients' perceptions of their interactions with various healthcare elements during a service encounter are subjective influences that shape their awareness of their encounter with the healthcare system. These are influenced by beliefs, culture, and previous patient experiences (The Beryl Institute, n.d.). Perceptions determine the weight patients place on various elements of their healthcare experience, including patient communication with healthcare providers, facility quality, and waiting times (12).
Customer satisfaction is closely linked to service quality. Good quality encourages customers to build long-term relationships with providers. This ongoing relationship allows organizations to more deeply understand customer needs and expectations. Thus, companies can increase customer satisfaction levels by maximizing positive experiences and minimizing or even eliminating unpleasant ones. In the context of healthcare, patient satisfaction is a key indicator of the quality of service provided. High patient satisfaction also plays a crucial role in attracting more patients and building loyalty to the hospital (13).
According to Common effective complaint handling is a strategic step in resolving problems while maintaining good relations between service institutions and the community. Anggraini (2011) added that some patients complain because they feel the service provided, particularly by nursing staff, is not optimal in addressing their concerns. (3). Waine et al (2020) explains that patient complaints are a form of feedback or suggestion, either verbally or in writing, that contains discrepancies with medical procedures or treatments received during the service process at the hospital (14)
One of the important functions of hospitals in the context of service marketing is implementing the concept of relationship marketing, which is an activity focused on meeting patient needs through a mutually beneficial relationship between service providers and service recipients. In practice, hospital marketing strategies must emphasize creating patient satisfaction and loyalty, making complaint handling a crucial part of maintaining long-term relationships (15).
Beyond marketing aspects, hospital image also plays a strategic role in shaping public perception. This image is formed through patients' comparisons of various hospital attributes and performance. Patients then construct subjective perceptions based on the information and experiences they receive during the service process. Balmer (2016) defines organizational image as a complex mental representation of an institution, encompassing the company's reputation, values, and identity relationships (16). Similarly, Dewi and Asminah (2018) state that hospital image is the public's reflection or perception of the hospital's quality, reputation, and performance, both positive and negative (17).
Therefore, patient experience and hospital image are interconnected elements and key indicators of successful healthcare services. When a hospital is able to provide optimal, patient-centered services, it not only enhances positive patient experiences but also strengthens the hospital's image in the public eye. A good experience will foster positive perceptions and increase patient trust in the hospital as a provider of quality healthcare services.

Materials and Methods

This study used a quantitative cross-sectional design to analyze the influence of patient- and provider-related factors on patient experience at Primaya Inco Sorowako Hospital in 2025. The study was conducted in an outpatient setting, involving patients who had completed their visit and were able to provide informative responses.
The study population was the average number of outpatients during 2024, which was 3,771, with a sample size of 349 respondents (Lameshow formula). Respondents were selected using proportional stratified random sampling to ensure representation across all clinics. The instrument used was a 74-item questionnaire with a Likert scale (strongly agree = 4; agree = 3; disagree = 2; strongly disagree = 1). This questionnaire is referred to the journal Barriers and reliability of patient experience evaluation in Ontario: perspectives of healthcare providers, managers, and policymakers (Moutazems Zakkar, 2022) by measuring the components of the Patient Dimension and Healthcare Provision, including Experience of Living with Illness, Subjective Influence, Healthcare Politics, Healthcare Quality, and Healthcare Responsiveness, as well as the overall patient experience.
The questionnaire was administered immediately after outpatient services, with trained data collectors ensuring independent responses. Data were analyzed using SPSS software and analyzed descriptively and inferentially using linear regression. Simple regression was applied to analyze the

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effect of each variable on patient experience, while multiple linear regression identified the dominant predictors. Statistical significance was set at $p < 0.05$, and validity and reliability tests had been previously conducted at RSUD I Lagaligo. All items had a positive correlation above 0.120 so they were considered valid and appropriate for use in measuring all variables and the reliability tests were all above 0.780, namely Experience of Illness 0.840, Subjective Influence 0.795, Politics of Health Services 0.871, Quality of Health Services 0.904, Responsiveness of Health Services 0.904 and Patient Experience 0.971 and this study has obtained ethical clearance and participant approval from the Faculty of Public Health, Hasanuddin University (1391 / UN4.14.1 / TP.01.02 / 2025)

Results

This study involved 349 respondents at Inco Sorowako Hospital in 2025. The results of descriptive analysis showed that for the variable The Lived Experience of Illness, most respondents (53.58%) reported a poor experience of illness, while 46.42% reported a good experience. This indicates that more than half of the patients still had a suboptimal experience of illness during their treatment.

For the variable "Subjective Influences," the majority of respondents, namely 77.66%, gave a positive assessment, while 22.34% gave a negative assessment. For the Politics of Healthcare variable, 58.45% of respondents rated this aspect as good, while 41.55% rated it as poor.

For the variable The Quality of Healthcare, it was found that 57.88% of respondents rated the quality of healthcare services as good, while 42.12% rated it as poor. Meanwhile, the Responsiveness of Healthcare variable showed very positive results, with 89.11% of respondents rating the responsiveness of services as good, and only 10.88% rating it as poor. For the Patient Experience variable, all respondents (100%) expressed satisfaction with the healthcare experience they received.

analysis using multiple linear regression was performed to determine the variables that most influenced Patient Experience.

Table 1 Simple Regression Test Results

Variable: The Patient	**Patient Experience**					
	R^2	**Anova**		**Regression Coefficient**		
		F	**Sig**	**B**	**t**	**Sig**
(*constant*)				124.578	39.332	<.001
The Lived Experience of Illness	.141	56.847	<.001	-.939	-7.540	<.001
(*constant*)				49.860	16.487	<.001
The Subjective Influences	.472	301.199	<.001	1.658	17.612	<.001
Variable: Healthcare Provision	**Patient Experience**					
	R^2	**Anova**		**Regression Coefficient**		
		F	**Sig**	**B**	**t**	**Sig**
(*constant*)				90.762	25.441	<.001
The Politics of Healthcare	.028	10.066	<.001	.729	3.173	.002
(*constant*)				73.999	20.308	<.001
The Quality of Healthcare	.150	61.332	<.001	1.145	7.831	<.001
(*constant*)				65.637	12.299	<.001
The Responsiveness of Healthcare	.119	46.941	<.001	3.784	6.851	<.001

As presented in Table 1, the lived experience of illness showed a statistically significant association with patient experience. The regression model indicated that this variable contributed to variations

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in patient experience. Similarly, subjective influences demonstrated a significant relationship with patient experience, indicating a stronger contribution compared to other patient-related variables. Regarding healthcare provision variables, the politics of healthcare, quality of healthcare, and responsiveness of healthcare each showed statistically significant associations with patient

Table 2 Results of Multiple Linear Regression Test of Variable The Patient on Patient Experience

Variable: The Patient	Patient Experience					
	R^2	Anova		Regression Coefficient		
		F	Sig	B	t	Sig
(constant)				72.885	22.300	<.001
The Lived Experience of Illness	617	279.084	<.001	-0.954	-11.463	<.001
The Subjective Influences				1.666	20.758	<.001

Table 3 Results of Multiple Linear Regression Test of Healthcare Provision Variables on Patient Experience

Variable: Healthcare Provision	Patient Experience					
	R^2	Anova		Regression Coefficient		
		F	Sig	B	t	Sig
(constant)				49.807	8.562	<.001
The Politics of Healthcare				-.007	-.032	.974
The Quality of Healthcare	.221	32.682	<.001	970	6.158	<.001
The Responsiveness of Healthcare				2.997	5.611	<.001

As shown in Table 2, the multiple linear regression model for patient-related variables was statistically significant. The lived experience of illness and subjective influences each showed a significant association with patient experience when analyzed simultaneously.

Table 3 showed that the multiple linear regression model for healthcare provision variables was statistically significant. The quality of healthcare and the responsiveness of healthcare showed significant associations with patient experience, whereas the politics of healthcare did not show a significant association.

Discussion

In general, these findings indicate a relationship between the lived experience of illness (the Lived Experience of Illness) and patient experience (patient experience). However, the direction of the relationship appears to be opposite to initial expectations. In a theoretical context, the Lived Experience of Illness refers to patients' subjective experiences of illness, including perceptions, emotions, meanings, and psychological adaptations formed from their interactions with their health condition (18). Patients with a positive lived experience are generally expected to have a deeper understanding of the disease process and healthcare services, thus being able to assess services more critically. In contrast, patients with less positive life experiences typically have lower expectations and tend to evaluate services more positively if their basic needs are met, such as empathy and attention from medical personnel

The results of this study appear to demonstrate the expectation-reality gap phenomenon, as explained Expectation-Disconfirmation Theory. This theory states that patient satisfaction is formed from a comparison between initial expectations and the reality experienced during care. Patients with good lived experiences likely have higher expectations for service quality because previous experiences make them more sensitive and have specific standards for evaluating healthcare services. Consequently, even if the service provided is considered good, high expectations can lead to disconfirmation, which lowers satisfaction levels. Conversely, patients with less than good lived experiences may not have high expectations, so when the service meets or slightly exceeds their expectations, their perceived level of satisfaction is higher (19).

Furthermore, this phenomenon can be explained through the Adaptation Level Theory (Helson 1947), which states that individuals evaluate new experiences based on their level of adaptation to previous experiences. Patients who have had a positive experience with illness have adapted to their medical situation and may evaluate their care experience with more rational and critical standards.

In Press

Conversely, patients with a more severe or less positive experience with illness tend to evaluate hospital care more emotionally and feel more grateful or satisfied when they receive adequate attention, empathy, and care (20).

According to Zakkar 2019 in the International Journal of Health Governance, the Lived Experience of Illness encompasses the physical, emotional, social, and economic burdens experienced by patients and their families in coping with illness. According to Zakkar (2019) in his article "Patient Experience: Determinants and Manifestations" published in the International Journal of Health Governance, the Lived Experience of Illness is the primary determinant shaping patient experience. He explained that a person's lived experience of illness encompasses not only the medical aspects, but also involves personal, psychological, social, and existential meanings of their condition. Zakkar said that a patient's experience in coping with their illness will influence how they interact with the healthcare system. Patients who have accepted and understood their illness well typically demonstrate more stable emotional adaptation, making it easier to build positive relationships with healthcare professionals and are more satisfied with the care provided. Conversely, patients who still experience denial or fear of their illness tend to evaluate care more critically and have less pleasant experiences (21)

These results indicate that the better a patient's subjective influence, the higher their level of satisfaction with the service experience at Inco Sorowako Hospital. Therefore, the better a patient's subjective influence, the more positive their experience with hospital services. In other words, patients' subjective perceptions and assessments of service, encompassing psychological and emotional aspects, as well as perceptions of the attentiveness of healthcare workers, play a significant role in shaping their overall level of satisfaction and service experience. Patients who feel valued, cared for, and treated with empathy tend to have positive experiences with healthcare, even if their clinical circumstances may not be entirely ideal.

A 2019 study by Maria et al. of people living with HIV found that dimensions of patient experience (such as self-management) significantly impacted health-related quality of life (HRQoL)(22). They used a PLS model and found that the interaction between treatment complexity and patient experience negatively impacted quality of life. In the context of your thesis, the experience of illness (the “lived experience”) can function similarly: even if someone feels “good” about their disease management, if clinical care is complex or service interactions are inadequate, the patient experience can be less satisfying. Health communication literature, such as Problematic Integration Theory, explains how patients with chronic illness navigate the contradiction between expectations of control and the reality of uncertainty. This theory supports an interpretation of why a “good” experience of illness may not always be positively associated with hospital experiences when expectations are high and the reality of care does not match expectations.

This finding is also in line with the results of research conducted by Håkanson and Öhlén (2016), which found that patients with chronic illnesses and more severe illness experiences often show high levels of satisfaction with care, as they value the attention and emotional support from medical personnel as highly significant. The study showed that experiencing a severe illness creates a more realistic perception of the healthcare system and fosters a sense of appreciation for every form of care received. Thus, the results of the study at Inco Sorowako Hospital support the view that patients' lived experiences influence how they assess and interpret their healthcare experiences (23).

Also explained in the book "The Meaning of Illness: A Phenomenological Account of the Different Perspectives of Physician and Patient" by S. Kay Toombs (1992), is the differing perceptions between patients and physicians regarding the meaning of illness. Toombs explains that for patients, illness is not simply a biological condition, but an existential experience that impacts identity, meaning of life, and social relationships. Meanwhile, for physicians, illness is viewed more as a clinical object to be diagnosed and treated. This difference in perspective often leads to gaps in communication and empathy between healthcare professionals and patients. In the context of this research, Toombs' theory reinforces the importance of understanding the lived experience of illness as a key aspect in building a more humane and holistic patient experience (24).

Havi Carel's Phenomenology of Illness also explains that illness is not just a biological phenomenon, but also an existential and phenomenological experience that influences how a person understands themselves and their world. Carel emphasizes that when someone falls ill, their body, which was previously "transparent," unnoticed in everyday life, becomes an "object of attention" due to the emergence of limitations, pain, or loss of control (25).

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However, these results differ from research conducted by Alharbi et al. (2021), which showed that patients with a good understanding and experience of healthcare reported higher levels of satisfaction because they could communicate more effectively with healthcare professionals and more easily adapt to the service system. This difference suggests that social, cultural, and healthcare system contexts play a significant role in mediating the relationship between lived experience and patient experience. At Inco Sorowako Hospital, emotional factors and patient expectations likely play a key role in explaining why patients with less positive lived experiences reported greater satisfaction (26).

These findings align with the Patient-Centered Care theory by Gerteis et al. (1993), which emphasizes that patient experience is a multidimensional construct determined not only by clinical outcomes but also by patients' subjective perceptions of how they are treated during the care process. Factors such as empathy, effective communication, and respect have a strong emotional impact on perceptions of service quality (27).

This theory also aligns with the concept explained by Walf et al. (1994) that patient experience is the result of interactions between patients and the healthcare system, including communication with medical personnel, the environmental atmosphere, and psychological and social conditions that influence how patients evaluate services. Therefore, the results of the study at Inco Sorowako Hospital support the theory that patient experience is not only influenced by the patient's perceptions, but also by the patient's perceptions. influenced not only by objective service quality but also by subjective aspects stemming from individual perceptions and expectations (28).

According to Zakkar (2019), Subjective Influences are internal psychosocial factors that influence how patients perceive and evaluate healthcare services. This component encompasses the patient's emotions, perceptions, personal values, expectations, and past experiences with healthcare services. Zakkar emphasized that each patient brings a different cognitive and emotional background, making their assessment of service quality highly subjective. Zakkar emphasized that patient satisfaction and experience are shaped through internal perceptual processes. For example, two patients experiencing the same medical service may have different experiences: one feels satisfied due to calmness and trust in the hospital system, while the other feels disappointed due to anxiety and higher expectations (21). This is particularly relevant in the context of the research findings at Inco Sorowako Hospital. Data show that patients with positive subjective influences—those with positive perceptions, emotional stability, and trust in the hospital system—are more likely to be satisfied with the service. Conversely, patients with negative perceptions or unrealistic expectations tend to be less satisfied

These findings support Zakkar's (2019) theory that subjective influences function as a "lens" that determines how patients assess every aspect of care, from communication with doctors to the condition of the treatment room. In other words, patients' subjective perceptions often have a stronger influence on their experience than the objective quality of care itself. In practice, this means hospitals need to pay attention to managing patients' expectations and emotional states, for example through open communication, providing clear information, and an empathetic approach from healthcare professionals. When patients feel heard and valued, their subjective perceptions will be more positive, ultimately improving the overall patient experience (21).

This research supports the findings of a study conducted by Fadlil al-Ramji (2025), which found that patients' subjective perceptions of healthcare professionals' empathy and attention had a positive and significant relationship with patient experience in various hospitals in the UK (29). Similarly, research by Luxford et al. (2011) confirmed that patient experience significantly improves when hospitals implement a patient-centered approach that addresses the emotional and personal aspects of patients.

The results of this study also align with findings (Pranoto 2025), which state that subjective factors such as perceptions of empathy from healthcare workers, clarity of information, and patient confidence in the treatment process contribute significantly to patient experiences in hospitals (30). However, this study also showed that although the majority of patients with positive subjective influence were satisfied (53.9%), 46.1% were still dissatisfied with their service experience. This phenomenon demonstrates that positive subjective influence does not necessarily guarantee overall satisfaction, as patient satisfaction is multidimensional. According to Donabedian (1988), patient satisfaction is influenced by three main components: structure (facilities and resources), process (how services are delivered), and results (service outcomes). Therefore, even if patients' subjective

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perceptions are favorable, other aspects such as waiting time, facility availability, and speed of service can also influence overall satisfaction.
Conversely, in the group of patients with less favorable subjective perceptions, 31.3% of respondents still expressed satisfaction with their service experience. This can be explained through the concept of the service recovery paradox (31), which states that under certain conditions, even if patients have a negative initial perception, a positive experience of receiving attention or improved service can increase their satisfaction. Therefore, some patients with less favorable subjective perceptions can still feel satisfied if they experience warm interactions, high empathy from healthcare professionals, or satisfactory treatment outcomes.
Compared to previous research, these results align with a study by Al-Abri and Al-Balushi (2014), which states that patients' subjective perceptions of medical staff attitudes, communication, and the hospital environment significantly influence patient satisfaction and loyalty (32). However, these results differ from research by Liu et al. (2025), which found that patient subjective factors did not significantly influence satisfaction, as patient satisfaction was largely determined by the quality of technical services and medical facilities. This difference may be due to variations in cultural contexts, healthcare systems, and patient characteristics across the study areas.
Overall, the results of this study reinforce the understanding that subjective influences are a crucial factor in improving patient experience and satisfaction. Hospitals need to address the psychological, social, and emotional aspects of patients, rather than solely focusing on improving the technical aspects of care. Efforts such as empathetic communication training for healthcare workers, enhancing interpersonal interactions, and creating a welcoming and reassuring service environment can strengthen patients' positive subjective influences on the service experience. Therefore, continuous improvement in subjective aspects of care will significantly impact patient satisfaction and loyalty to the hospital.

Conclusion

This study concludes that patient experience at Inco Sorowako Hospital is influenced by factors in both the Patient and Health Provision dimensions. In the Patient dimension, the variables The Lived Experience of Illness and The Subjective Influences have a significant effect, with the patient's lived experience of illness being the most influential factor. Meanwhile, in the Health Provision dimension, the variables The Politics of Healthcare, The Quality of Healthcare, and The Responsiveness of Healthcare also have a significant influence, with service responsiveness being the most dominant factor.

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CONFLICT OF INTEREST
The author declares no conflict of interest

AUTHORS' CONTRIBUTION
RIS designs, writes, researches, and compiles the original draft

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